

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/588360  
FILING DATE  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1		1		51						
2		1		1			52						
3	2			1			53						
4	11			1			54						
5	5			1			55						
6	5			1			56						
7	11			1			57						
8	10			1			58						
9	10			1			59						
10	10			1			60						
11				1			61						
12				1			62						
13				1			63						
14				1			64						
15							65						
16							66						
17							67						
18							68						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			1										
TOTAL DEP.			13										
TOTAL CLAIMS			14										